


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90311 041 ***158.75

DOCUMENT # P04000055464

1. Entity Name
ALIRIO'S, INC.



Principal Place of Business
**7401 BIG CYPRESS DR.
 MIAMI LAKES, FL 33014**

Mailing Address
**7401 BIG CYPRESS DR.
 MIAMI LAKES, FL 33014**

50042810



2. Principal Place of Business
6105 NW 39th St

3. Mailing Address
6105 NW 39th St

Suite, Apt. #, etc.

03262005 Chg-P CR2E034 (10/03)

City & State
Virginia Gardens FL

City & State
Virginia Gardens FL

Zip
33166

Country
USA

Zip
33166

Country

4. FEI Number
34-009186

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SILVA, ALIRIO JR.
 7401 BIG CYPRESS DR.
 MIAMI LAKES, FL 33014**

7. Name and Address of New Registered Agent

Name
ALIRIO SILVA JR.

Street Address (P.O. Box Number is Not Acceptable)
6105 NW 39th St

City
Virginia Gardens FL

Zip Code
33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alirio* (NOTE: Registered Agent signature required when reinstating) DATE **4/7/05**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	SILVA, ALIRIO JR. 7401 BIG CYPRESS DR. MIAMI LAKES, FL 33014	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PRESIDENT <input type="checkbox"/> Delete	ALIRIO SILVA, JR. 6105 NW 39th St. Virginia Gardens FL 33166	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alirio* Date **4/7/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #